



State of Maine

STATE BOARD OF VETERINARY MEDICINE

Veterinarian Reinstatement

**For licenses that have expired 91 days up to 2 years
from the date of expiration**

Do not return the following 4 informational pages with your
application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8689 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing
Email: vetmed.lic@maine.gov

APPLICATION INSTRUCTIONS

Veterinarian Reinstatement

Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the State Board of Veterinary Medicine Laws and Rules. Please review them carefully for more detailed and clarifying information.)

Fax submissions of applications and supporting documentation will not be accepted.

☐ **Completed Application**

Complete, sign and submit with the appropriate fees and documentation.

☐ **Proof of Education**

Official transcripts

☐ **Examination Scores**

Submit proof of successfully passing the NBE, CCT or NAVLE, or a waiver of examination form.

For NBE, CCT or NAVLE scores contact the American Association of Veterinary State Boards at (877) 698-8482 or go to www.aavsb.org to have your scores forwarded directly to the Board.

☐ **Foreign Graduates**

Applicants who are not graduates of schools of veterinary medicine accredited by the American Veterinary Medical Association (AVMA) must submit a certificate issued by the Educational Commission for Foreign Veterinary Graduates (ECFVG) or successful completion of the Program for the Assessment of Veterinary Educations Equivalence ("PAVE").

☐ **Any other supporting documentation such as: verification of licensure or criminal conviction information**

Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

Court judgment and decision of any criminal conviction and a written statement, in your words, regarding the crime.

☐ **Verification of Clinical Veterinary Medicine Experience – Endorsement Candidates ONLY**

This form is to be completed by a veterinarian, currently licensed in your state, who is familiar with your practice. The verifying veterinarian must be from the same state in which the applicant is currently licensed and practicing. This form applies to candidates that have taken only the NBE and are being considered for licensure by ENDORSEMENT.

The State Board of Veterinary Medicine requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE.

Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

IMPORTANT INFORMATION REGARDING YOUR LICENSE: The Office no longer prints

licenses. Upon issuance of your license, you will be notified by email using the email address you provide in this application from *noreply@maine.gov* that your license has been issued with your license attached to the email (a paper license will not be sent by regular mail). The email with your license will contain the access code that is required to renew your license online when the time comes. You may also update your contact information and email address using this access code, go online to www.maine.gov/professionallicensing.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file or risk not receiving the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime.

VERIFICATION OF LICENSURE

**** A copy of your license is not considered a license verification ****

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked...
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken i.e. VTNE, NBE, CCT, NAVLE, Jurisprudence, other
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

IMPORTANT: Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address, date the License Verification was printed, and any indication of disciplinary history, e.g. no discipline or discipline. If discipline is indicated, please submit a copy of the discipline imposed such as the Board Order or Agreement.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be e-mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
CONTACT ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()		E-MAIL (Your license will be emailed)

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been convicted by any court of any crime?

(circle one)

NO

YES

If yes, enclose a detailed, signed description of what happened (including dates) and a copy of the court judgment.

2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)

NO

YES

If yes, enclose a detailed, signed explanation and copies of all documents.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE	DATE
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State Board of Veterinary Medicine

Veterinarian Reinstatement

Required Fees: \$216.00 **(Non-Refundable)**

(includes license, late fee and criminal records check fees)

FOR LICENSES THAT HAVE EXPIRED 91 DAYS UP TO 2 YEARS FROM THE DATE OF EXPIRATION.

License Number: _____

Date License Expired: _____

Office Use Only:

(VT) 1427- \$95.00
2090 - \$100.00
2619 - \$21.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
SIGNATURE		DATE	

SECTION 1: EDUCATION

Please check all that apply:		
<input type="checkbox"/> DVM <input type="checkbox"/> VDM <input type="checkbox"/> ECFVG <input type="checkbox"/> PAVE		
Name of Educational Provider		Date of Graduation
Contact Address: Street or P.O. Box		
City	State	Zip Code
Official transcript demonstrating your education must be submitted with your application.		

SECTION 2: LICENSE VERIFICATION

DO YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE? ☐ Yes ☐ No
If Yes, complete the following. Use a separate sheet of paper if necessary.

1. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/Type	Date Issued	Expiration Date

For each of the above, you must submit with this application an official Verification of Licensure from the licensing jurisdiction. IMPORTANT: Applications submitted without all of the Verification of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete. A copy of your license is not considered a license verification.

SECTION 3: EXAMINATION

<p>Have you ever taken the NBE, CCT, or NAVLE?</p> <p>If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No
Jurisdiction	Examination Type	Date	Score	

SECTION 4: CHECK APPROPRIATE RESPONSE TO THE QUESTIONS BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.

Do you currently have any physical or mental impairment related to drugs, alcohol, or finding of mental incompetence that would limit your ability to undertake the practice of veterinary medicine safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your United States Drug Enforcement Administration privileges restricted or revoked or limited in any way?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: NOTICES

PLEASE NOTE - 10 Day Notification Requirement

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 6: LAWS & RULES RELATED TO VETERINARY MEDICINE

Maine Veterinary Board Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/veterinarians/laws.html> or www.maine.gov/professionallicensing

- Title 10 Department of Business Regulation Law §§8001 - 8009
- The State Board of Veterinary Medicine Law - 32 MRSA Chapter 71-A via Internet
- The Board's Rules - Chapters 1 through 7

Disclosure: (the board is not enforcing Ch. 2, Sec. 4 (the written jurisprudence examination has been replaced with an attestation statement on the application for licensure.)

Laws and Rules Related to the Practice of Veterinary Medicine in Maine

Department of Agriculture - Animal Welfare – Part 9

- State of Maine Animal Laws Rules and Regulations <http://www.mainelegislature.org/legis/statutes/7/title7ch0sec0.html>
- Department of Agriculture - General – the following chapters are available at: <http://www.maine.gov/sos/cec/rules/01/chaps01.htm>
- Chapter 206 - Prevention, Control and Eradication of Diseases of Domestic Animals & Poultry
- Chapter 207 - Control of Equine Infectious Anemia
- Chapter 208 - Handling of Domestic Animal & Poultry Vaccines
- Chapter 209 - Livestock Commission and Community Auctions
- Chapter 210 - Poultry for Immediate Slaughter
- Chapter 216 - Rules Governing the Sale of Dogs and Cats and Importation of Dogs and Cats for Resale
- Chapter 220 - Importation of Certain Deer into Maine


Department of Health and Human Services

Rabies Management Guide is available on the web at: <http://www.maine.gov/agriculture/ahi/documents/Rabies%20Management%20Guide%202005.pdf>

SECTION 7: APPLICANT'S CERTIFICATION AND SIGNATURE

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the State Board of Veterinary Medicine will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date
	

VERIFICATION OF CLINICAL VETERINARY MEDICINE EXPERIENCE

Reference: 32 MRS §4861 (5) (E)

This page is for applicants who have taken only the NBE examination

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____	
Name of Practice: _____	Phone #: _____
Address of Practice: _____	
Give a general description of the current focus of your practice: _____ _____	
Applicant's Certification: I hereby certify that the information above is an accurate account of work I perform and that I have actively practiced veterinary medicine for 3,000 hours during the three years immediately preceding my application to Maine.	
_____ Signature	_____ Date

TO BE COMPLETED BY THE VETERINARIAN THAT IS ATTESTING TO THE APPLICANT'S VETERINARY WORK EXPERIENCE

(The verifying veterinarian must be licensed in the same state in which the applicant is currently licensed and practicing):

Based on your personal knowledge of the above named applicant:
1. How long (months/years) have you known the applicant? _____ Dates: From/To _____
2. When did he/she begin practicing veterinary medicine? _____
3. Does the applicant have at least 3,000 hours of work experience acquired within the previous three (3) years of the date of this application? ____ Yes ____ No
4. Has this person actively practiced veterinary medicine for 3,000 hours during the three years immediately preceding this application? ____ Yes ____ No
5. List the total hours of work experience: _____ (# of hours)
I hereby certify that the above statements are true and accurate to the best of my knowledge.
Please print your name: _____ Contact Number: _____
Signature: _____ Date: _____
Jurisdiction License Number & Expiration Date: _____

WAIVER OF EXAMINATION

This page is for applicants who may qualify under 32 MRS §4861 (5)

Effect June 1, 2011

"Notwithstanding this subsection, the board shall waive the requirement that a veterinarian pass an examination for veterinarians who have, during the 6 years preceding the application, actively practiced clinical veterinary medicine for at least 6,000 hours without disciplinary action relating to the practice of veterinary medicine by another state, United States territory or province of Canada."

TO BE COMPLETED BY APPLICANT:

Applicant's Name: _____

Name of Practice: _____ Phone #: _____

Address of Practice: _____

Give a general description of the current focus of your practice:

Applicant's Certification: I hereby certify that the information above is an accurate account of work I perform and that I have actively practiced veterinary medicine for 6,000 hours immediately preceding my application to Maine.

Signature

Date

TO BE COMPLETED BY THE VETERINARIAN THAT IS ATTESTING TO THE APPLICANT'S VETERINARY WORK EXPERIENCE

(The verifying veterinarian must be licensed in the same state in which the applicant is currently licensed and practicing):

Based on your personal knowledge of the above named applicant:

1. How long (months/years) have you known the applicant? _____
Dates: From/To _____
2. When did he/she begin practicing veterinary medicine? _____
3. Does the applicant have at least 6,000 hours of work experience acquired within the previous six (6) years of the date of this application? ____Yes ____No
4. Has this person actively practiced veterinary medicine for 6,000 hours during the six years immediately preceding this application? ____Yes ____No
5. A brief explanation as to your knowledge of a true fact: _____

6. List the total hours of work experience: _____
(# of hours)

I hereby certify that the above statements are true and accurate to the best of my knowledge.

Please print your name: _____ Contact Number: _____

Signature: _____ Date: _____

Jurisdiction License Number & Expiration Date: _____